

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ¹¹⁷ 294

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 2 Depot Hill St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Picardo Isidro Estevane { If child is not yet named, make supplemental report, as directed.3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth July 4-1928 Month Day Year8. FATHER Full name Isidro Estevane 14. MOTHER Full maiden name Micaela Campa9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona10. Color or race Mex. 11. Age at last birthday 23 (Years) 16. Color or race Mex. 17. Age at last birthday 21 (Years)12. Birthplace (city or place) Met. calf. Ariz. 18. Birthplace (city or place) El Paso, Texas13. Occupation Clerk 19. Occupation HousewifeNature of industry La Paz Grocery Nature of industry _____20. Number of children of this mother 2 (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum. yesCERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. m. on the date above stated.Signature Cyril M. Brown M.D. (Physician or midwife).Given name added from a supplemental report _____ Address Miami, ArizonaMonth, day, year _____ Filed July 12, 1928 Registrar. L. E. Jim

955-704-431

In case of no return the child, a SEPARATE RETURN must be made of each order of birth stated.